

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS606HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2008
NAME OF PROVIDER OR SUPPLIER SAGUARO HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PKWY, SUITE 215 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your agency on 6/4/2008 through 6/6/2008. The State licensure survey was conducted in conjunction with the Medicare re-certification survey.</p> <p>The state license survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	H 00	<p style="text-align: center;">RECEIVED OCT 07 2008 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	
H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to</p>	H153	<p>H153</p> <p>A. There is no correction plan for employees # 1, 2, 4, 6, and 9 because they are no longer working for Saguro Home Health. <i>See Exhibit 1.</i> For employees # 3, 5, 7, 8, and 10, the corrective action plan is to put them on an inactive employment status immediately, and they will be required to submit to a 2 step TB testing. They will not resume patient visits until they pass the TB test.</p> <p>B. The agency will audit all active employee files and identify other employees who may be affected by this deficient practice. The agency will implement a new TB Test Administration form. <i>See Exhibit 2</i></p>	<p>10/29/08</p> <p>10/29/08</p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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TITLE

(X6) DATE

[Signature] **ADMINISTRATOR** **10/3/08**

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H153	Continued From page 1 read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis	H153	C. To ensure that the deficient practice will not be repeated, the agency is taking several measures. A new audit tool had been developed and had been used for all active and new employees. <i>See Exhibit 3</i> Also, the agency had hired an RN consultant to provide education on TB Testing. <i>See Exhibit 4</i> D. The QA Coordinator shall perform monthly compliance audits of medical personnel files to ensure that TB testing complies with the standards. E. The person responsible for compliance assurance is the QA Coordinator.	10/29/08	10/29/08

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H153	<p>Continued From page 2</p> <p>screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on employee record review and document</p>	H153	<p>RECEIVED</p> <p>OCT 07 2008</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		

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H153	<p>Continued From page 3</p> <p>review, the agency failed to ensure compliance with chapter 441A of Nevada Administrative Code for 6 of 12 employees (#1, #2, #3, #5, #9, #10).</p> <p>Findings include:</p> <p>Employee Record Review</p> <p>The facility lacked documented evidence of an initial 2-step Tuberculin skin test performed for Employees #1, #2, #3, #5.</p> <p>Employee #9's annual Tuberculin skin test was given on 1/9/2008. A negative result was read one week later on 1/16/2008.</p> <p>Employee #10's annual Tuberculin skin test was given on 9/2/2007. A negative result was read on the same day, 9/2/2007.</p> <p>Document Review</p> <p>The Centers for Disease Control (CDC) recommendations regarding proper reading of the Mantoux Tuberculin skin test was found at www.cdc.gov/tb/pubs/Mantoux/part2.htm <http://www.cdc.gov/tb/pubs/Mantoux/part2.htm>.</p> <p>The article documented:</p> <ul style="list-style-type: none"> - "...The skin test should be read between 48 and 72 hours after the skin test has been administered. - A patient who doesn't return within 72 hours will probably need to be rescheduled for another skin test..." <p>Severity: 2 Scope: 2</p>	H153			

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